

RABBI ISAAC ELCHANAN THEOLOGICAL SEMINARY
an affiliate of Yeshiva University

Application for the *Kupietzky Kodshim Kollel*

YU ID (if available): _____

For the Academic Year 20____ - 20_____

1. Name: _____
Last LEGAL First Middle

2. Current Mailing Address: _____
Number and Street Apt.# City State Zip Code

3. *Semikha* received _____ *Semikha* expected _____
Month / Year Month / Year

Are you planning to continue your studies in RIETS until you complete *Semikha* (Please circle): Yes No

If no, please explain: _____

If your *Semikha* is not from RIETS, please indicate from where/whom it was received: _____

4. A. Education: Are you currently enrolled in or have you attended a graduate school? _____

Please specify: _____ Degree Earned: _____

B. Will you register and/or participate in this or any other outside studies for the coming semester? _____

Describe in detail: _____

C. Will you be employed during the coming semester? Please describe in detail: _____

D. Will you be enrolled in another *kollel* program for the coming year? Please indicate which *kollel* and describe your anticipated daily learning schedule: _____

5. For Married Students:

A. Wife's Name: _____
Last (Maiden) First Middle

B. Wife's Profession : _____

C. List names and birthdates of children: _____

6. Give a brief statement indicating your reasons for applying to the *Kollel*, explaining your career interests and any other pertinent factors:

Signature: _____

Date: _____